

# Haydon Training Business College

## Learner Application Form

We are an Equal Opportunities Employer

Please complete this form using BLOCK CAPITALS

Surname:		First Name(s):		
Preferred Title (please circle): Mr / Mrs / Miss / Ms / Dr		Male / Female? (please circle)		
Address:		Home Contact Number:		
		Mobile Contact Number:		
		Email Address:		
Date of Birth:	Age:	National Insurance Number:		
Name of Parent/Guardian*:				
Address of Parent/Guardian*:				
Contact Number for Parent/Guardian*:				
*Please provide details unless you are applying for AAT Accounting				
Name of Careers Advisor (if applicable):				
Which training programme are you applying for? (i.e. Foundation AAT Accounting)				
How did you hear about us? (please tick appropriate box)				
Press	Exhibition	Employer	Leaflet	Careers
Teacher	Friend	Parent	Radio	Cinema
If Other, please specify:				

**Education**

Please give details of Secondary Schools, Colleges or Universities you have attended with exam dates, results and qualifications gained. You may be asked to provide evidence of qualifications listed.

Dates Attended		School, College or University	Exams Taken	Qualification Result
From	To			

When did you / will you leave full-time education?

**Employment / Work Experience / Training**

Please list details of any previous employment, work experience placements or training, starting with the most recent.

Dates		Name of Employer	Please briefly list duties and responsibilities
From	To		

**Health**

Do you have any health related problems? **YES / NO**

If **YES**, please provide details:

Are you registered disabled? **YES / NO**

If **YES**, please provide details:

**Equal Opportunities**

How would you describe your ethnic origin? (Please tick appropriate box)

- Bangladeshi
  - Black African
  - Black Caribbean
  - Chinese
  - Indian
- 
- Pakistani
  - White
  - If Other, please describe:

**Other Information**

Please write any information you may think is relevant to your application below:

**AAT Accounting**

For individuals applying for AAT Accounting, please also complete the following section:

Company Name:	Company Address:
Company Number:	

Do you already have an NVQ qualification? **YES / NO**

If yes, what level did you achieve?

Emergency Contact Name:

Emergency Contact Number:

Next of Kin Name:

Next of Kin Contact Number:

**Declaration**

I certify that to the best of my knowledge, the information given is factually correct. I understand that any false information or misrepresentation in this form may result in dismissal

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return your completed Application Form to:

Aylesbury Training Business College  
14 Triangle Business Park, Quilters Way,  
Stoke Mandeville, Aylesbury, Bucks HP22 5BL

Tel: 01296 612401 - Fax: 01296 739137

**Office Use Only**

Date Received:

Interview Date and Time: